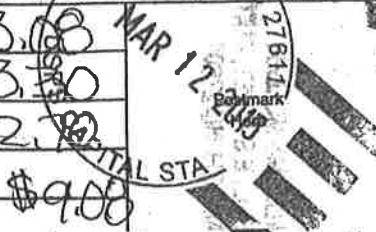


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$ 3.00
Certified Fee	\$ 3.00
Return Receipt Fee (Endorsement Required)	\$ 2.00
Restricted Delivery Fee (Endorsement Required)	\$ 2.00
Total Postage & Fees	\$ 9.00



Sent To Frank L. Perry, in his Official Capacity as
 Secretary of the
 North Carolina Department of Public Safety
 4201 Mail Service Center
 Raleigh, NC 27699-4201

PS Form

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actions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;">RECEIVED BY</p> <p style="text-align: right;">MAR 16 2015</p>	
1. Article Addressed to: <p>Frank L. Perry, in his Official Capacity as Secretary of the North Carolina Department of Public Safety 4201 Mail Service Center Raleigh, NC 27699-4201</p>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 1150 0000 4381 2086	

PS Form 3811, July 2013 Domestic Return Receipt

EXHIBIT

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